



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C151132

1. DATE OF REPORT  7/17/2017	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Hawley For Missouri	
3. COMMITTEE MAILING ADDRESS PO Box 1073  CITY / STATE / ZIP Columbia MO 65205	4. COMMITTEE TELEPHONE NUMBER  (417) 413-3310
5. TREASURER'S NAME Doug Russell	
6. TREASURER'S MAILING ADDRESS 1616 Arbour Drive  CITY / STATE / ZIP Lebanon MO 65536	7. TREASURER'S TELEPHONE NUMBER HOME: (417) 588-1046  WORK:
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER Katie McGurk	
9. DEPUTY TREASURER'S MAILING ADDRESS PO Box 1073 Columbia MO 65205  CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (417) 812-5855  WORK:
11. DATE OF ELECTION 8/4/2020	12. TYPE OF ELECTION ( CHECK ONE ) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 4/1/2017 THROUGH 6/30/2017	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  Joshua Hawley PO Box 1073  Columbia MO 65205  (417) 413-3310  Statewide Office  <input type="checkbox"/> CHECK IF INCUMBENT  <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Jul 17 2017 11:58AM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Jul 17 2017 11:58AM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Hawley For Missouri	7/17/2017	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 1,146,664.94		
2. All Monetary Contributions Received This Period	\$ 14,330.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 14,330.00			
6. In-kind Contributions Received This Period	+ 0.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)	\$ 14,330.00			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)		\$ 1,160,994.94		
<b>Expenditures</b>	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 231,129.82		
10. Expenditures made by cash or check this period	\$ 85,992.23			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 85,992.23			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)		\$ 317,122.05		
<b>Contributions Made</b>	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 0.00	↔ Cash/Check		
	B 0.00	↔ Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)	\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)		\$ 0.00		
<b>Other Disbursements</b>	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)	\$ 0.00			
			<b>Money On Hand</b>	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 1,068,053.22
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 14,330.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 85,992.23 b) Disbursements By Cash \$ 0.00	- 85,992.23
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 996,390.99
			<b>Indebtedness</b>	
			28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Hawley For Missouri		2. REPORT DATE 7/17/2017	
<b>A. ITEMIZED CONTRIBUTIONS RECEIVED</b> FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
NAME:			
ADDRESS:			\$
CITY / STATE:			
EMPLOYER:			<input type="checkbox"/> MONETARY
<input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 13,900.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 13,900.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 13,900.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
<b>B. NON-ITEMIZED CONTRIBUTIONS RECEIVED</b> (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 430.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
<b>C. LOANS RECEIVED</b>			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME:			
ADDRESS:			
CITY / STATE:			\$
NAME:			
ADDRESS:			
CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 14,330.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 14,330.00	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Hawley For Missouri	DATE 7/17/2017
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: William Darr CITY / STATE: PO Box 4087 Springfield MO 65808 EMPLOYER: American Dehydrated Foods -- Chairperson <input type="checkbox"/> COMMITTEE:	4/12/2017 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Douglas Albrecht CITY / STATE: 16 Upper Ladue Rd St. Louis MO 63124 EMPLOYER: Bodley Group -- Executive <input type="checkbox"/> COMMITTEE:	4/21/2017 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Anne Albrecht CITY / STATE: 16 Upper Ladue Rd Saint Louis MO 63124 EMPLOYER: Homemaker -- Homemaker <input type="checkbox"/> COMMITTEE:	4/21/2017 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark Gardner CITY / STATE: 4805 S National Ave Ste 300 Springfield MO 65810 EMPLOYER: Gardner Capital -- Principal <input type="checkbox"/> COMMITTEE:	5/19/2017 ----- \$ 2,600.00	\$ 2,600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sharon Hayes CITY / STATE: PO Box 557 Saint Albans MO 63073 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	5/29/2017 ----- \$ 200.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Darr CITY / STATE: PO Box 4087 Springfield MO 65808 EMPLOYER: American Dehydrated Foods -- Chairperson <input type="checkbox"/> COMMITTEE:	6/12/2017 ----- \$ 300.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Charles Shields CITY / STATE: 47 SE Erin Ct St Josephy MO 64507 EMPLOYER: Truman Medical Center -- CEO <input type="checkbox"/> COMMITTEE:	6/12/2017 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Philip Melugin CITY / STATE: 3033 S Kansas Express Way Springfield MO 65807 EMPLOYER: Phoenix Home Care -- Healthcare <input type="checkbox"/> COMMITTEE:	6/27/2017 ----- \$ 2,600.00	\$ 2,600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Hawley For Missouri	DATE 7/17/2017
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Kimberly Melugin CITY / STATE: 5853 S Northern Ridge Rd Springfield MO 65810 EMPLOYER: Phoenix Home Care -- Bookkeeper <input type="checkbox"/> COMMITTEE:	6/27/2017 ----- \$ 2,600.00	\$ 2,600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Kilroy CITY / STATE: 817 West 61st Terrace Kansas City MO 64113 EMPLOYER: Polsinelli PC -- Attorney <input type="checkbox"/> COMMITTEE:	6/30/2017 ----- \$ 1,000.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Hawley For Missouri		2. Report Date 7/17/2017	
<b>A. Expenditures of \$100 or Less by Category</b> (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure Advertising			368.26
Merchant Service Fees			39.90
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 408.16
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 408.16
<b>B. Itemized Expenditures All Over \$100</b> And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address: View Supplemental Form(s)			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 85,584.07
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 85,584.07
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 85,992.23
16. Amount of Line 15 Above which was Paid Out This Period			\$ 85,992.23
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
<b>C. Contributions Made (Regardless of Amount)</b>		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE Hawley For Missouri		REPORT DATE 7/17/2017	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Mine Creek Strategies ADDRESS: 7909 Falmouth St CITY/STATE: Prairie Village KS 66208	4/6/2017	Communications Retainer \$	\$ <input checked="" type="checkbox"/> PAID 3,000.00 <input type="checkbox"/> INCURRED
NAME: On Message Inc. ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	4/6/2017	Media Production Fees \$	\$ <input checked="" type="checkbox"/> PAID 2,898.00 <input type="checkbox"/> INCURRED
NAME: First Tuesday ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	4/10/2017	Media Consulting \$	\$ <input checked="" type="checkbox"/> PAID 5,000.00 <input type="checkbox"/> INCURRED
NAME: Spark Promotions ADDRESS: 3633 Prescoott Dr CITY/STATE: Columbia MO 65201	4/10/2017	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 1,982.50 <input type="checkbox"/> INCURRED
NAME: HyVee ADDRESS: 3721 W Truman Blvd CITY/STATE: Jefferson City MO 65101	4/10/2017	Event expense \$	\$ <input checked="" type="checkbox"/> PAID 1,793.96 <input type="checkbox"/> INCURRED
NAME: Ryan Bangert ADDRESS: 2104 Port Townsend Court CITY/STATE: Columbia MO 65203	4/10/2017	Reimbursed Travel - American Airlines \$	\$ <input checked="" type="checkbox"/> PAID 1,248.40 <input type="checkbox"/> INCURRED
NAME: Graves Garrett LLC. ADDRESS: 1100 Main Street Suite 2700 CITY/STATE: Kansas City MO 64105	4/26/2017	Legal fees \$	\$ <input checked="" type="checkbox"/> PAID 9,341.37 <input type="checkbox"/> INCURRED
NAME: The KAM Co. ADDRESS: 233 W 53rd Terrace CITY/STATE: Kansas City MO 64112	4/26/2017	Finance Consulting & Reim. Exp \$	\$ <input checked="" type="checkbox"/> PAID 2,554.70 <input type="checkbox"/> INCURRED
NAME: Williams-Keepers LLC ADDRESS: 3220 West Edgewood Ste E CITY/STATE: Jefferson City MO 65109	4/26/2017	Accounting Fees \$	\$ <input checked="" type="checkbox"/> PAID 665.00 <input type="checkbox"/> INCURRED
NAME: First Tuesday ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	5/1/2017	Media Consulting & Reim. Exp - See Form CD-8 \$	\$ <input checked="" type="checkbox"/> PAID 6,732.09 <input type="checkbox"/> INCURRED
NAME: Mine Creek Strategies ADDRESS: 7909 Falmouth St CITY/STATE: Prairie Village KS 66208	5/4/2017	Communications Retainer \$	\$ <input checked="" type="checkbox"/> PAID 3,000.00 <input type="checkbox"/> INCURRED
NAME: On Message Inc. ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	5/4/2017	Reimbursed Expenses - See Form CD-8 \$	\$ <input checked="" type="checkbox"/> PAID 1,506.57 <input type="checkbox"/> INCURRED
NAME: On Message Inc. ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	5/17/2017	Media Production Fees \$	\$ <input checked="" type="checkbox"/> PAID 5,216.97 <input type="checkbox"/> INCURRED
NAME: Williams-Keepers LLC ADDRESS: 3220 West Edgewood Ste E CITY/STATE: Jefferson City MO 65109	5/22/2017	Accounting Fees \$	\$ <input checked="" type="checkbox"/> PAID 1,000.00 <input type="checkbox"/> INCURRED
NAME: Graves Garrett LLC. ADDRESS: 1100 Main Street Suite 2700 CITY/STATE: Kansas City MO 64105	5/22/2017	Legal fees \$	\$ <input checked="" type="checkbox"/> PAID 260.00 <input type="checkbox"/> INCURRED
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE Hawley For Missouri		REPORT DATE 7/17/2017	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: First Tuesday ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	6/2/2017	Media Consulting \$	\$ <input checked="" type="checkbox"/> PAID 5,000.00 <input type="checkbox"/> INCURRED
NAME: Mine Creek Strategies ADDRESS: 7909 Falmouth St CITY/STATE: Prairie Village KS 66208	6/2/2017	Communications Retainer \$	\$ <input checked="" type="checkbox"/> PAID 3,000.00 <input type="checkbox"/> INCURRED
NAME: The KAM Co. ADDRESS: 233 W 53rd Terrace CITY/STATE: Kansas City MO 64112	6/2/2017	Finance Consultanting \$	\$ <input checked="" type="checkbox"/> PAID 2,000.00 <input type="checkbox"/> INCURRED
NAME: On Message Inc. ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	6/2/2017	Reimbursed Expenses - See Form CD-8 \$	\$ <input checked="" type="checkbox"/> PAID 1,118.20 <input type="checkbox"/> INCURRED
NAME: On Message Inc. ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	6/15/2017	Media Production Fees \$	\$ <input checked="" type="checkbox"/> PAID 15,000.00 <input type="checkbox"/> INCURRED
NAME: The KAM Co. ADDRESS: 233 W 53rd Terrace CITY/STATE: Kansas City MO 64112	6/15/2017	Reimbursed Travel - Mileage \$	\$ <input checked="" type="checkbox"/> PAID 138.03 <input type="checkbox"/> INCURRED
NAME: On Message Inc. ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	6/27/2017	Media Buys \$	\$ <input checked="" type="checkbox"/> PAID 4,850.00 <input type="checkbox"/> INCURRED
NAME: Spark Promotions ADDRESS: 3633 Prescott Dr CITY/STATE: Columbia MO 65201	6/27/2017	Advertising \$	\$ <input checked="" type="checkbox"/> PAID 906.49 <input type="checkbox"/> INCURRED
NAME: Anedot ADDRESS: 5555 Hilton Ave Ste 106 CITY/STATE: Baton Rouge LA 70808	6/29/2017	Merchant Service Fees \$	\$ <input checked="" type="checkbox"/> PAID 203.10 <input type="checkbox"/> INCURRED
NAME: First Tuesday ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	6/30/2017	Media Consulting \$	\$ <input checked="" type="checkbox"/> PAID 5,000.00 <input type="checkbox"/> INCURRED
NAME: On Message Inc. ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	6/30/2017	Reimbursed Expenses - See Form CD-8 \$	\$ <input checked="" type="checkbox"/> PAID 1,307.59 <input type="checkbox"/> INCURRED
NAME: First Tuesday ADDRESS: 705 Melvin Ave #105 CITY/STATE: Annapolis MD 21401	6/30/2017	Reimbursed Expenses - See Form CD-8 \$	\$ <input checked="" type="checkbox"/> PAID 691.10 <input type="checkbox"/> INCURRED
NAME: Williams-Keepers LLC ADDRESS: 3220 West Edgewood Ste E CITY/STATE: Jefferson City MO 65109	6/30/2017	Accounting Fees \$	\$ <input checked="" type="checkbox"/> PAID 170.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



MISSOURI ETHICS COMMISSION  
INDEPENDENT CONTRACTOR EXPENDITURE

INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

NAME OF COMMITTEE Hawley For Missouri			DATE 7/17/2017	
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
Total number of Independent Contractor Expenditures exceeded page capacity. View Supplemental Forms.				
TOTAL ALL PAGES			13,910.25	



MISSOURI ETHICS COMMISSION  
INDEPENDENT CONTRACTOR EXPENDITURE SUPPLEMENTAL

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Hawley For Missouri			DATE 7/17/2017	
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
The KAM Co 233 W 53rd Terrace Kansas City MO 64112	4/26/2017	Finance Consulting	2,000.00	2,554.70
The KAM Co. 233 W 53rd Terrace Kansas City MO 64112	4/26/2017	Reimbursed Expenses: Office expenses - Stationary	249.02	2,554.70
The KAM Co 233 W 53rd Terrace Kansas City MO 64112	4/26/2017	Reimbursed Expenses: Travel - Mileage	272.40	2,554.70
The KAM Co. 233 W 53rd Terrace Kansas City MO 64112	4/26/2017	Reimbursed Expenses: Food & Beverages - Llewelyn's	33.28	2,554.70
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	4/28/2017	Media Consulting	5,000.00	6,732.09
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	4/28/2017	Reimbursed Expenses: Travel - Uber	164.68	6,732.09
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	4/28/2017	Reimbursed Expenses: Food & Beverages - Live Oak	164.60	6,732.09
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	4/28/2017	Reimbursed Expenses: Travel - Delta Airlines	408.79	6,732.09
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	4/28/2017	Reimbursed Expenses: Travel - United Airlines	381.19	6,732.09
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	4/28/2017	Reimbursed Expenses: Travel - Residence Inn	612.83	6,732.09
SUBTOTAL				--



MISSOURI ETHICS COMMISSION  
INDEPENDENT CONTRACTOR EXPENDITURE SUPPLEMENTAL

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE


NAME OF COMMITTEE Hawley For Missouri			DATE 7/17/2017	
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
On Message Inc. 705 Melvin Ave #105 Annapolis MD 21401	5/1/2017	Reimbursed Expenses: Travel - Delta Airlines	1,125.38	1,506.57
On Message Inc. 705 Melvin Ave #105 Annapolis MD 21401	5/1/2017	Reimbursed Expenses: Travel - United Airlines	381.19	1,506.57
On Message Inc. 705 Melvin Ave #105 Annapolis MD 21401	6/2/2017	Reimbursed Expenses: Travel - Renaissance St Louis Hotel	203.41	1,118.20
On Message Inc. 705 Melvin Ave #105 Annapolis MD 21401	6/2/2017	Reimbursed Expenses: Travel - Delta Airlines	527.59	1,118.20
On Message Inc. 705 Melvin Ave #105 Annapolis MD 21401	6/2/2017	Reimbursed Expenses: Travel - Fairfield Inn	134.23	1,118.20
On Message Inc. 705 Melvin Ave #105 Annapolis MD 21401	6/2/2017	Reimbursed Expenses: Travel - Hertz Car Rental	252.97	1,118.20
On Message Inc. 705 Melvin Ave #105 Annapolis MD 21401	6/30/2017	Reimbursed Expenses: Travel - Delta Airlines	807.59	1,307.59
On Message Inc. 705 Melvin Ave #105 Annapolis MD 21401	6/30/2017	Reimbursed Expenses: Travel - The O'Donnell Group	500.00	1,307.59
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	6/30/2017	Reimbursed Expenses: Travel - Enterprise Rent A Car	83.85	691.10
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	6/30/2017	Reimbursed Expenses: Travel - Renaissance St Louis Airport Hotel	384.27	691.10
SUBTOTAL				--



MISSOURI ETHICS COMMISSION  
INDEPENDENT CONTRACTOR EXPENDITURE SUPPLEMENTAL

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Hawley For Missouri		DATE 7/17/2017		
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
First Tuesday 705 Melvin Ave #105 Annapolis MD 21401	6/30/2017	Reimbursed Expenses: Travel - Southwest Airlines	222.98	691.10
SUBTOTAL 				--